

amendment to the California Medical Practice Act, requiring the teaching of anesthesiology to medical students. Much more has been done in a consistent, sustained effort to develop a wider appreciation of anesthesiology as a medical specialty.

However, as stated above, we have not as yet made it a *requirement* for accredited hospitals for many reasons, a few of which may be mentioned.

License—This, as you know, does not mean enough in California to warrant our using it as a basis from which to classify anything pertaining to health. There are persons whose state license probably grants them legal authority to give an anesthetic who would not be permitted to give an anesthetic or practice the healing art otherwise in any hospital accepted as an institutional member of the League or accredited by the American Medical Association. Then, too, the legal phase of the question has not been cleared up. The accuracy of the opinions of your attorney, that the giving of an anesthetic is the practice of the healing art, could be very readily tested in court and if sustained and law enforcement pushed, it would help clarify the problem. It has been, and still is easy to get evidence, and the Board of Medical Examiners is at least one of the boards charged with the enforcement of the law. If I mistake not, *there are government hospitals, as well as others, in the state where even unlicensed persons have been and are giving anesthetics.*

Other Legal Difficulties—The absence of court decisions in California and their varied trends elsewhere makes even a moral force—which is all we pretend to have—hesitate to get too far ahead of public opinion, particularly about a matter which is not of nearly the importance of other matters claiming our attention. Some superior courts have ruled that the surgeon is responsible for the anesthetist's work; others have ruled that the anesthetist is responsible whether licensed or not; others have ruled that the hospital is responsible, and there are still other slants deducible from court records.

What Constitutes an Anesthetic—There is much difference of opinion on this point. Some claim that a few whiffs of ether or gas during labor or in a dentist's office is not the giving of an anesthetic. Some would include these and the use of scopolamin and any and all of the various substances and methods used in producing local anesthesia.

Not Enough Educated Anesthetists Available—There are many places in this and other states where no educated doctor of medicine is willing to give an anesthetic except in emergencies and to selected patients. There are, of course, enough of specialists and young physicians who are willing to give anesthetics in the larger centers, but even here, as you know, many of the highly respected surgeons and obstetricians prefer their own specially trained technicians to give their anesthetics.

And so I might go on for pages telling of other facts to this many-faceted problem as it has presented itself to me in my hospital and other medical economics work.

These complications in the aggregate have induced me, and those I speak for, to limit our efforts to education and persuasion, hoping that, in the course of time, we will be able to make a *requirement* of what we now cover with a *request*.

If I have failed to make my answer clear, or if there is any assistance I can give you in what I assume is the beginning of a movement for law enforcement, please call upon me.

Sincerely yours,

W. E. MUSGRAVE,
Chairman Hospital Betterment Service.

Gurdon Potter, M.D., in a letter to the editor says:

"On page 647 of the December issue you quote a surgeon as having said, 'that anyone who believed in physiotherapy was the son of a quack.' I am sorry for this man, because just such an attitude in the profession has kept it in the narrow groove it has occupied for so many years, and allowed the birth of half-baked cults to arise on every hand.

"I have been a student of the application of 'mechanical means on a physiological basis' to the correction of pathology in the human body for the past twenty years, and have been given the laugh many times for my views in the matter. However, I have yet to see it fail, if your

diagnosis is correct, and you know your pathology. Richard Cabot well says 'that 50 per cent of our diagnosis is incorrect.' Physiotherapy is not a 'cure-all,' and never will be. Neither is anything else, but, brother medical man, there is some truth in physiotherapy, hydrotherapy, and other controllable agencies if you have an open mind to investigate them, and really investigate them, and not take the 'barbershop chatter' that so often passes as 'gospel' in some medical groups.

"No wonder that H. C. Wood said, thirty years ago, 'if further progress is to be made we must question the old methods and search out new, which may happily lead to more fruitful fields.' Yea, verily. At the present time the really big minds in bacteriology frankly say that we are again approaching a somewhat similar condition in that branch—or words to that effect. In the light of common sense, and for the sake of real progress—yes, for the love of Mike—wake up, get out of the rut, look things over, and if they don't prove up, scrap the whole thing—but stop, look, and listen."

Tryparsamide in the Treatment of Neurosyphilis—

Udo J. Wile and Lester M. Wieder, Ann Arbor, Mich. (Journal A. M. A., December 6, 1924), attempted to determine the value of tryparsamide in the treatment of neurosyphilis, as well as to determine the toxicity and the untoward reactions of the drug, if such existed. Fifty cases of cerebrospinal syphilis were utilized. In the neighborhood of 325 injections were given to these patients. The fifty cases allow of the following differential clinical analysis: General paralysis, twenty-one cases; taboparesis, six cases; tabes dorsalis, three cases, and diffuse cerebrospinal syphilis, twenty cases. Tryparsamide showed itself of great service in causing a profound change for clinical betterment in these cases. The type of case found most favorably influenced has been the type in which least might be expected, namely, the parenchymatous type in which a considerable degree of deterioration had apparently occurred. The most striking clinical changes noted have been increase in weight, color and general appearance. In nine cases, a marked improvement of the mental state of the patient has been found coincident with the improvement in the general appearance. In five cases, the treatment was followed by clinical improvement when other forms of therapy, including intraspinal treatment, had failed. This clinical betterment is not paralleled by striking corresponding changes for the better in the spinal fluid. For this reason, it is possible that the improvement characterized by gain in weight and general appearance may be due partly to the effect of the drug on syphilitic foci outside the nervous system, as well as to the tonic effect of the arsenic content of the drug. Gastric crises and the lightning pains of tabes dorsalis have, as yet, not yielded to tryparsamide treatment in this series. It would appear that more treatment of the same type should be given in those cases in which no laboratory response has been noted, on the one hand; and that a greater period of time must elapse, on the other hand, before accepting clinical improvement as definitely evident of the therapeutic activity of the drug. With the exception of vomiting, which followed each injection in one case, in no other case was there the slightest untoward result, either from the standpoint of constitutional reaction or from that of disturbance of vision.

Another Middleman in Medicine—In commenting editorially upon another great corporation planning to practice medicine wholesale, the Illinois Medical Journal says that they are going to establish a system of industrial surgery in New York City, with its beginning a series of first-aid stations placed at intervals throughout the city. This application of "chain-store methods" to the practice of medicine by a corporation of lay people will be as appalling as it is brazen, and is a direct attack upon the health welfare of the community.

"Fifteen per cent of all pregnancies result in miscarriages, and 5 per cent in stillbirths," says Charles Herrman, secretary New York Children's Welfare Association. Three times as many deaths occur in utero and at birth, as during the first year of life.